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COVER 3

Be Smart! Don't Start! Just Say No!

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continued, undiminished services for the foreseeable future.

Future improvements in Indian morbidity and mortality comparable to those of the past 30 years will require adequate levels of "traditional" preventive and curative services coupled with an attack on specific problems with targeted programs of health promotion and disease prevention. Accordingly, the IHS' future planning, extramural arrangements, applied research, and information systems will have as their purposes (a) continuing a community-based approach to prevention and treatment of disease; (b) eliminating risk factors that lead to disease (such as diabetes and hypertension); (c) facilitating dietary changes, smoking cessation, exercise, reduced alcohol consumption, and other healthy behavior; and (d) developing targeted interventions in the causes of the alarming death rates for injuries, violence, and alcoholism.

Among current endeavors that are strengthening these IHS purposes are health promotion and disease prevention activities designed to reduce years of productive life lost; a process of allocating resources that considers the health status of specific populations; targeting certain programs, such as dental services, to persons between 5 and 44 years old, the age group in which the impact of prevention is greatest; establishing priorities for sanitation services; strengthening injury prevention programs that employ specially trained community health aides; and primary care protocols which emphasize health assessment and timely followup to prevent unnecessary illness and disability.

To achieve more efficiency and economy throughout the IHS, a concerted effort will also be made to encourage alternative financing mechanisms in various settings for health care delivery. The health care system in the United States is undergoing a virtual revolution, with dramatic increases in prepaid health plans (HMOs and capitated systems). In many instances, these plans seem to provide a broader range of services for less money and emphasize the benefits of prevention and out-of-hospital care. It is hoped that the IHS can embrace the successful aspects of these new financing mechanisms in order to get quality care to more people during a time of limited resources.

In the future, IHS activities will be evaluated for their effectiveness in improving health status rather

than in units of service provided. In cooperation with Indian tribes, IHS planners will consider the health conditions that merit highest priorities in developing services and allocating resources. They will reevaluate the number, type, and design of IHS facilities in light of those priorities. The result of these actions should be the continued improvement of the health status of American Indians.

David Sundwall, MD
Assistant Surgeon General
Administrator, Health Resources
and Services Administration

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panded school-based health facilities, or the abrogation of parental roles and responsibilities by various social institutions, the prevention models proposed in this paper can be implemented now, at minimal cost, by those who are immediately and ultimately accountable for instructing, guiding, and protecting our children. With the impetus of awareness and appropriate attitudes, productive action will require broad involvement.

Parents must acknowledge that teaching their children the importance of goals and ideals is no less critical than providing food, shelter, and educational opportunities. Parents must be helped to attain an understanding that where there is strong family bonding, children are less likely to be involved in self-destructive behavior. While parents are primary role models, they must realize that others exist, many of whom may promote dangerous behaviors, including premature sexual activity and illegal use of alcohol and other drugs. Parents should learn how to respond effectively to objectionable media messages.

Schools and educators must be encouraged, and directed when necessary, to work with rather than in place of parents. It is the responsibility of educational systems to encourage programs that (a) alert youth to the pressures from peers, the media, and other sources to be sexually active; (b) train youth in specific skills for resisting these pressures; (c) correct false normative expectations such as those which hold that "everyone" is sexually active; and (d) provide information about the immediate negative consequences of sexual activity. School nurses constitute one suitable source of this health information. Also, schools as well as other social institutions should recognize the benefits of minimizing the time spent by adolescents in unsupervised peer activities.

Media must be encouraged to support abstinence, editorially and programmatically, and the important role which families and communities play in support of teenagers. Articles and programming which depict positive role models and describe accurately the costs and risks of adolescent pregnancy are essential. Too often, programs inappropriately glamorize and romanticize adolescent sexual activities and suggest unlikely happy endings to fictional accounts of teenage pregnancy.

Health care providers must be taught to recognize that while society has changed and parents need help, more importantly they need information which they can use in speaking to their children about sexual attitudes and behaviors. Health care personnel also must recognize their responsibility

to teach patients, as well as the larger community through educational forums, the relationship of alcohol and other drugs to premature sex and pregnancy.

Community and public agencies should target educational efforts to parents, teachers, clergy, and other community agencies, not just toward adolescents. Acting on a consensus supported by parents, agencies must be encouraged to disown programs or projects which undercut parental strength. Any rule or regulation that weakens parents' control over their children should be reviewed with great care.

In summary, much can be done. With a minimum of effort we can have a major influence on changing attitudes and practices which have contributed to our problems with teenage pregnancy. The time to act is now.

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'Factors associated with voluntary acceptance of HIV-antibody testing included patient awareness of high seroprevalence rates among IV drug users elsewhere . . . , an indifference to possible discrimination or negative social consequences related to being identified as HIV-antibody positive, and the opportunity in an open-ended interview to correct erroneous assumptions and beliefs about AIDS and its transmission.'

screening was given to each patient individually by an experienced drug counselor assigned to the program for many years. All testing was done on-site and at times convenient to the patients. It is not known unequivocally to what extent these factors positively influenced interest in screening. The other methadone program in the area did not offer on-site testing or take particular interest in HIV-antibody screening, and a substantially lower rate of testing acceptance was reported for its clients.

The results of this survey support the feasibility of voluntary testing among IV drug users. Such an approach would be a preferred alternative to proliferation of local and national laws requiring mandatory screening, with the resulting compliance issues complicating an already difficult public health problem. Furthermore, it may be that methadone maintenance treatment offers some protection against exposure to the AIDS virus while providing a practical setting for AIDS-related education and testing.

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frequently cited benefit, many others noted improved employee morale and productivity increases. Additionally, 81 percent of respondents indicated that they were either extremely or moderately concerned with health care cost management. Most respondents with health promotion activities believe the benefits of their efforts outweigh the costs.

The data were gathered in the National Survey of Worksite Health Promotion Activities, conducted by the Public Health Service. The survey showed that nearly two-thirds of private worksites with 50 or more employees were supporting at least 1 health promotion activity.

The most prevalent activities were smoking control (36 percent), health

risk assessment (30 percent), back care (29 percent), and stress management (26 percent). Reported less often were exercise and physical fitness, off-the-job accident prevention, nutrition education, high blood pressure control, and weight control.

The survey was carried out by the Office of Disease Prevention and Health Promotion in order to obtain baseline data on the extent of worksite health promotion activities, determine employers' perceptions of the benefits, and monitor progress in achieving the PHS 1990 Health Objectives for the Nation.

The survey was conducted from September through November 1985, through telephone interviews using a national probability sample of

worksites employing more than 50 persons. A total of 1,358 interviews was conducted. The sample included 320 worksites with 50 to 99 employees, and 1,038 worksites with 100 or more employees.

More than 85 percent of worksites with activities indicated that all employees are eligible to participate. About 30 percent of the worksites offer programs to dependents as well as employees. A comparable number offer them to retirees.

A summary may be requested from the Office of Disease Prevention and Health Promotion, Health Information Center, P. O. Box 1133, Washington, DC 20013-1133. Call (800) 336-4797 for price information.

EDUCATION NOTES

Training courses in occupational safety and health are given by the National Institute for Occupational Safety and Health (NIOSH) directly or in cooperation with professional organizations or agencies. NIOSH also sponsors Educational Resource Centers in universities throughout the country. Following is a list of courses being offered by those centers in the next few months. Contact the persons specified in the listing about further information such as application deadlines.

HARVARD EDUCATIONAL RESOURCE CENTER

Occupational and Environmental Radiation Protection, August 10-14, \$900.

Fundamentals of Industrial Hygiene, with Practicum, September 14-18, \$1,000.

Program for Health Systems Management, October 19-30, \$2,000.

Write or call the Office of Continuing Education, Harvard School of Public Health, 677 Huntington Ave., Boston, MA 02115 (617: 732-1171).

NEW YORK-NEW JERSEY EDUCATIONAL RESOURCE CENTER

Industrial Ventilation, August 10-14, \$500.

Practices and Procedures for Asbestos Control, August 17-21, September 14-18, October 5-9, \$525.

Sampling and Evaluating Airborne Asbestos Dust (NIOSH 582), August 25-28, \$500.

Training-Certification in Hearing Conservation, September 15-16, \$350.

Cumulative Trauma Symposium, September 30-October 1, \$300.

Contact Lee Laustsen, Office of Consumer Health Education, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School, Piscataway, NJ 08854 (201: 463-4500).

ILLINOIS EDUCATIONAL RESOURCE CENTER

Identification and Evaluation of Airborne Asbestos Dust (NIOSH 582), August 17-21, October 5-9, \$700.

Contact Susanne J. Klein, Director of Programs in Continuing Education, University of Illinois at Chicago M/C 678, College of Medicine, Great Lakes Center for Occupational Safety and Health, P. O. Box 6998, Chicago, IL 60680 (312: 996-0807).

JOHNS HOPKINS EDUCATIONAL RESOURCE CENTER

Work, Health, and Productivity, October 21-23, cost to be announced.

Noise-Induced Injury: Ototoxicity, October 26-27, \$350.

Radiation Emergency Management, October, cost to be announced.

Contact Jacqueline Corn, Department of Environmental Health Sciences, Johns Hopkins School of Hygiene and Public Health, 615 North Wolfe St., Rm. 1101, Baltimore, MD 21205 (301: 955-2609).

NORTH CAROLINA EDUCATIONAL RESOURCE CENTER

Tenth Annual Occupational Safety and Health Summer Institute, August 17-21, Charleston, SC, 20 courses, \$390 per course.

Sampling and Evaluating Airborne Asbestos Dust (NIOSH 582), September 14-18, October 5-9, \$550.

Contact Ted M. Williams, Occupational Safety and Health Educational Resource Center, UNC-CH, 109 Conner Dr., Suite 1101, Chapel Hill, NC 27514 (919: 962-2101).

CINCINNATI EDUCATIONAL RESOURCE CENTER

Comprehensive Review for Industrial Hygiene Professionals, August 17-21, \$575.

For further information, contact Kay M. Hayes, Field Service Instructor, Di-

rector, *Continuing Education*, ML 182, University of Cincinnati, 231 Bethesda Ave., Cincinnati, OH 45267 (513: 872-5733).

MICHIGAN EDUCATIONAL RESOURCE CENTER

Assessing Bioaerosol Hazards in the Workplace, September 14-15, \$350.

The Musculoskeletal System Impairment Evaluation and Disability Considerations: Medical and Legal Perspectives, September 21-22, \$200.

Occupational Low Back Pain Conference, September 28-30, cost to be announced.

Occupational Cumulative Trauma Disorders of the Upper Extremities, September 30-October 1, cost to be announced.

Contact Randy Rabourn, Director, Continuing Education, Center for Occupational Health Safety Engineering, 1205 Beal, IOE Bldg., University of Michigan, Ann Arbor, MI 48109 (313: 763-0567).

MINNESOTA EDUCATIONAL RESOURCE CENTER

Comprehensive Industrial Hygiene Review Course, August 10-14, \$600.

Occupational Health and Safety Technologist (OHST) Exam Preparation, August 18-20, \$400.

Strategic Planning for Health and Safety Managers, August 19-21, \$500 or \$575 with software package.

Fifth Annual Occupational Health and Safety Institute, September 14-25. Eight 2-week courses, \$450 for first course and \$250 for each additional course. Five 1-week courses, \$250 for each course.

Personal Computer Applications for Managing Right-to-Know, October 1-2, \$275.

Chemical Exposures: Emergency Responses and Management, October 9, \$100 for physicians and \$65 for others.

Safety and Health Training for Hazardous Waste Site Personnel, October 13-15, \$200.

Comprehensive Occupational Health Nursing Review: Basic Theory and Update, October 19-23, \$400.

Contact Ruth K. McIntyre, Director, Continuing Education, Midwest Center for Occupational Health and Safety,

640 Jackson St., St. Paul, MN 55101 (612: 221-3992).

TEXAS EDUCATIONAL RESOURCE CENTER

Introduction to the IBM PC for Occupational Health Personnel, August 29, \$175.

Shiftwork and Circadian Rhythms in the Workplace, September 18, \$100.

Database Management for Occupational Safety and Health Personnel, September 26, \$200.

Contact Ronald Novak, University of Texas, School of Public Health, Texas Educational Resource Center, P.O. Box 20186, Houston, TX 77225 (713: 792-7450).

UTAH EDUCATIONAL RESOURCE CENTER

Rocky Mountain Comprehensive Review of Industrial Hygiene, August 3-7, \$700.

Occupational Epidemiology, August 24-28, \$350 plus \$50 for textbook.

Environmental Epidemiology and Risk Assessment, August 31-September 4, \$350 plus \$50 for textbook.

Sixth Annual Joint Utah Conference on Industrial Hygiene and Safety, September 9-11, \$70 preregistration; \$85 on site.

Contact Connie Crandall, Director, Continuing Education, Rocky Mountain Center for Occupational Environmental Health, Bldg. 512, University of Utah, Salt Lake City, UT 84112 (801: 581-5710).

SOUTHERN CALIFORNIA EDUCATIONAL RESOURCE CENTER

Occupational Respiratory Protection, August 3-7, \$800.

Back Injury Prevention, August 20-21, \$280.

Hazardous Materials: Handling and Disposal, August 24-28, \$735.

Hazardous Waste Management for Small Generators: Preparation for Disposal of Laboratory Chemicals, August 31, \$150.

Managing and Controlling Asbestos Contamination-Exposure, September 11, \$160.

Training Methods and Techniques in

Training the Trainer, September 14-16, Orange County, \$420.

Audiovisual Media for Safety and Health: Developing and Producing Inexpensive Programs, September 28-30, Orange County, \$420.

Ergonomics: Building Efficiency and Safety in the Workplace, October 1-2, \$300.

Promoting Safety and Health in Today's Economy, October 3, Orange County, \$150.

Recognition of Accident Potential in the Workplace Due to Human Factors, October 7-9, \$435.

Management and Administrative Skills for the Occupational Safety and Health Professional, October 12-16, \$735.

Recognition of Occupational Health Hazards, October 19-23, \$735.

Developing and Managing a Medical Monitoring Program, October 29-30, \$265.

Contact the University of Southern California, Institute of Safety and Systems Management, Office of Extension and Inservice Programs, University Park, 3500 S. Figueroa St., Suite 202, Los Angeles, CA 90089-0021 (213: 743-6523).

NORTHERN CALIFORNIA EDUCATIONAL RESOURCE CENTER

Spirometry Pulmonary Function Testing in Occupational Health Settings, October 22-23, \$300.

Contact Lela D. Morris, RN, MPH, Continuing Education Coordinator, Northern California Occupational Health Center, University of California, 2521 Channing Way, Berkeley, CA 94720 (415: 642-5507).

WASHINGTON EDUCATIONAL RESOURCE CENTER

Asbestos Sampling and Analysis, September 14-18, \$500.

Legal Aspects of Occupational Health, October 29, Anchorage, AK, \$95.

Psychological Aspects of Occupational Health, Portland, OR, October 14, \$50.

Contact Sharon Morris, Continuing Education Coordinator, Northwest Center for Occupational Health and Safety, Department of Environmental Health, SC-34, University of Washington, Seattle, WA 98195 (206: 543-1069).

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